

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
101							51	1								
2							52	3								
3							53	3								
4							54	3								
5							55									
6							56									
7							57									
8							58									
9							59									
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36		1					86									
37		1					87									
38		1					88									
39		1					89									
40		1					90									
41		1					91									
42		1					92									
43		3					93									
44		3					94									
45		3					95									
46		3					96									
47	1						97									
48		1					98									
49		1					99									
50		1					100									
TOTAL IND.							TOTAL IND.	2								
TOTAL DEP.							TOTAL DEP.	33								
TOTAL CLAIMS							TOTAL CLAIMS	35								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
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44							94							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

# INDEX OF CLAIMS

Claim	Date	
Final	Original	
15 1	✓	1/8 59 or 03
15 2	✓	1
15 3	✓	↓
15 4	✓	✓
15 5		
15 6		
15 7		
15 8		
15 9		
16 0		
16 1		
16 2		
16 3		
16 4		
16 5		
16 6		
16 7		
16 8		
16 9		
17 0		
17 1		
17 2		
17 3		
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19 0		
19 1		
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19 7		
19 8		
19 9		
20 0		

## SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	Original
201	
202	
203	
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(LEFT INSIDE)